



Atty. Dkt. No. 029318-0107

*PRCS*  
*mm*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Bosch et al.  
Title: STERILE FILTERED NANOPARTICULATE FORMULATIONS  
OF BUDESONIDE AND BECLOMETHASONE HAVING TYLOXAPOL AS A  
SURFACE STABILIZER  
Appl. No.: 10/035,324  
Appl. Filing Date: 01/04/2002  
Examiner: Mina Haghighatian  
Art Unit: 1616

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

[ X ] Please enter and consider the amendment and/or reply previously filed on  
February 28, 2006.

04/12/2006 SZEWDIE1 00000066 10035324

01 FC:1801  
02 FC:1252

790.00 OP  
450.00 OP

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	34	-	34 = 0	x \$50.00	= \$0.00
Independents	4	-	4 = 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$450.00
EXTENSION FEE SUBTOTAL:		\$450.00
EXTENSION FEE ALREADY PAID: -		\$0.00
EXTENSION FEE TOTAL		\$450.00
CLAIMS AND EXTENSION FEE TOTAL:		\$1,240.00
TOTAL FEE:		\$1,240.00


A credit card payment form in the amount of \$1,240.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 11, 2006

By 

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